

EXHIBIT Z

Estate of Elisabeth Temin

VCF Documentation



September 11th
Victim Compensation Fund

August 1, 2017

ARI MEISEL
C/O WENDELL TONG
SULLIVAN PAPAIN BLOCK MCGRATH & CANNAVO, PC
120 BROADWAY 18TH FLOOR
NEW YORK NY 10271

Dear ARI MEISEL:

The September 11th Victim Compensation Fund ("VCF") previously sent you an Eligibility determination letter on July 21, 2016. Your claim number is VCF0011199.

The letter included the reason(s) your claim was deemed ineligible for compensation. You then appealed the eligibility decision on your claim and a hearing was held.

The VCF has considered your appeal and has determined that you meet the eligibility criteria established in the statute and regulations. Based on the information you provided in support of your appeal and information the VCF has received from the World Trade Center ("WTC") Health Program, you have been found eligible for the following injuries:

- OVARIAN CANCER

Please note that there are several reasons why an injury that you think should be eligible is not listed above. For non-traumatic injuries, the name of the injury is based on the information provided by the WTC Health Program and there may be different names for the same injury. Additionally, your injury may not be listed if it was only recently certified for treatment by the WTC Health Program.

If in the future the WTC Health Program should notify you that a condition previously found eligible is no longer certified, you must inform the VCF as this may affect your eligibility status and/or loss calculation.

What Happens Next

If the decedent has been certified for treatment by the WTC Health Program for a condition not listed above, you should amend your claim. Please see the VCF website for details on how to amend your claim. The VCF will review the new information and determine if it provides the basis for a revised decision.

If the decedent did not have injuries other than those listed above, you should submit your Compensation Form and required supporting materials. If you have already submitted your Compensation Form, you do not need to take any action at this time unless you receive a request from the VCF for missing information. The VCF will calculate the amount of any



September 11th
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compensation based on the conditions listed above after all compensation-related documents are submitted.

If you have questions about the information in this letter or the claims process in general, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya
Special Master
September 11th Victim Compensation Fund

cc: ARI MEISEL



May 25, 2022

ARI MEISEL
51 JAY STREET 1K
BROOKLYN NY 11201

Re: CLAIM NUMBER: VCF0011199

Dear ARI MEISEL:

The September 11th Victim Compensation Fund ("VCF") sent you a letter on November 06, 2017 notifying you of the award determination on your claim.

You then amended your claim to request additional losses. The VCF has considered your amended claim and reviewed the new information you provided. This letter sets forth the revised award and supersedes and replaces all previous letters.

After reviewing the responses in your claim form, the documents you submitted in support of your claim, and information from third-party entities, the VCF has calculated the amount of your award as **\$501,704.55**. This determination is in accordance with the requirements of the Never Forget the Heroes: James Zadroga, Ray Pfeifer, and Luis Alvarez Permanent Authorization of the September 11th Victim Compensation Fund Act ("VCF Permanent Authorization Act"). The enclosed "Award Detail" includes a detailed explanation of the calculation and a list of the eligible conditions that were considered when calculating your award.

No non-routine legal service expenses are approved for reimbursement for this claim.

As the Personal Representative, you are required to distribute any payment received from the VCF on behalf of the victim to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master.

What Happens Next

You have already received a payment of \$500,000.00. You are now entitled to an additional payment of **\$1,704.55**. This amount is equal to the difference between your revised total award and the amount that has already been paid on your claim.

The VCF will deem this award to be final and will begin processing the full payment on your claim unless you complete and return the enclosed Compensation Appeal Request Form within **30 days from the date of this letter** as explained below. If you do not appeal, the Special Master will authorize the payment on your claim within 20 days of the end of the 30-day appeal period. Once the Special Master has authorized the payment, it may take up to three weeks for the United States Treasury to disburse the money into the bank account designated on the VCF ACH Payment Information Form or other payment authorization



document you submitted to the VCF.

- **Appealing the Award:** You may request a hearing if you believe the amount of your award was erroneously calculated or if you believe you can demonstrate extraordinary circumstances indicating that the calculation does not adequately address your loss. **If you choose to appeal, your payment will not be processed until your hearing has been held and a decision has been rendered on your appeal.**

To appeal the award, you must complete two steps by the required deadlines:

1. Complete and return the enclosed **Compensation Appeal Request Form** within **30 days from the date of this letter**. Follow the instructions on the form and upload it to your claim or mail it to the VCF by the required deadline. If you do not submit your completed Compensation Appeal Request Form within 30 days of the date of this letter, *you will have waived your right to an appeal* and the VCF will begin processing any payment due on your claim.
2. Complete and submit your **Compensation Appeal Package** (Pre-Hearing Questionnaire, Compensation Explanation of Appeal, and all applicable supporting documents) no later than **60 days from the date of this letter**. It is important that you carefully review the information enclosed with this letter and follow the instructions if you intend to appeal your award. Additional instructions on the appeals process can be found on the VCF website under "Frequently Asked Questions" and in the Policies and Procedures available under "Forms and Resources."

Once your complete Compensation Appeal Package is submitted, the VCF will review the information to confirm you have a valid appeal, and will notify you of the next steps specific to your appeal and the scheduling of your hearing.

- **Notifying the VCF of new Collateral Source Payments:** You must inform the VCF of any new collateral source payments you receive, or become entitled to receive, such as a change to your disability or survivor benefits, as this may change the amount of your award. If you notify the VCF within 90 days of learning of the new collateral source payment, your award will not be adjusted to reflect the new entitlement or payment. If you notify the VCF more than 90 days after learning of the new or revised entitlement or payment, the VCF may adjust your award to reflect the new payment as an offset, which may result in a lower award. If you need to notify the VCF of a new collateral source payment, please complete the "Collateral Offset Update Form" found under "Forms and Resources" on the www.vcf.gov website.

Your award was calculated using our published regulations, and I believe it is fair and reasonable under the requirements of the VCF Permanent Authorization Act. As always, I emphasize that no amount of money can alleviate the losses suffered on September 11, 2001.

If you have any questions, please call our toll-free Helpline at 1-855-885-1555. Please have your claim number ready when you call: **VCF0011199**. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.



Sincerely,

August E. Flentje
Special Master
September 11th Victim Compensation Fund

JESSICA DENNINGER can access the electronic copy of this letter uploaded to your online claim.



Award Detail

Claim Number: VCF0011199
Decedent Name: ELISABETH TEMIN

| PERSONAL INJURY CLAIM (Losses up to Date of Death) | |
|---|---------------------|
| Lost Earnings and Benefits | |
| Loss of Earnings including Benefits and Pension | \$0.00 |
| Mitigating or Residual Earnings | \$0.00 |
| Total Lost Earnings and Benefits | \$0.00 |
| Offsets Applicable to Lost Earnings and Benefits | |
| Disability Pension | \$0.00 |
| Social Security Disability Benefits | \$0.00 |
| Workers Compensation Disability Benefits | \$0.00 |
| Disability Insurance | \$0.00 |
| Other Offsets related to Earnings | \$0.00 |
| Total Offsets Applicable to Lost Earnings | \$0.00 |
| Total Lost Earnings and Benefits Awarded | \$0.00 |
| Other Economic Losses | |
| Medical Expense Loss | \$0.00 |
| Replacement Services | \$0.00 |
| Total Other Economic Losses | \$0.00 |
| Total Economic Loss | \$0.00 |
| Total Non-Economic Loss | \$250,000.00 |
| Subtotal Award for Personal Injury Claim | \$250,000.00 |



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| DECEASED CLAIM (Losses from Date of Death) | |
|--|--------------|
| Loss of Earnings including Benefits and Pension | |
| Offsets Applicable to Lost Earnings and Benefits | |
| Survivor Pension | |
| SSA Survivor Benefits | |
| Worker's Compensation Death Benefits | |
| Other Offsets related to Earnings | |
| Total Offsets Applicable to Loss of Earnings and Benefits | |
| Total Lost Earnings and Benefits Awarded | \$0.00 |
| Other Economic Losses | |
| Replacement Services | \$0.00 |
| Burial Costs | \$1,704.55 |
| Total Other Economic Losses | \$1,704.55 |
| Total Economic Loss | \$1,704.55 |
| Non-Economic Loss | |
| Non-Economic Loss - Decedent | \$250,000.00 |
| Non-Economic Loss - Spouse/Dependent(s) | \$0.00 |
| Total Non-Economic Loss | \$250,000.00 |
| Additional Offsets | |
| Social Security Death Benefits | \$0.00 |
| Life Insurance | \$0.00 |
| Other Offsets | \$0.00 |
| Total Additional Offsets | \$0.00 |
| Subtotal Award for Deceased Claim | \$251,704.55 |



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| | |
|---|---------------------|
| Subtotal of Personal Injury and Deceased Claims | \$501,704.55 |
| PSOB Offset | \$0.00 |
| Prior Lawsuit Settlement Offset | \$0.00 |
| TOTAL AWARD | \$501,704.55 |
| Factors Underlying Economic Loss Calculation | |
| Annual Earnings Basis (without benefits) | |
| Percentage of Disability attributed to Eligible Conditions - applicable to Personal Injury losses | |
| Start Date of Loss of Earnings Due to Disability - applicable to Personal Injury losses | |

| |
|--|
| Eligible Conditions Considered in Award |
| Ovarian Cancer |

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Certificate No. 156-11-007139

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
FEBRUARY 16, 2011 09:36 AM

1. DECEDENT'S
LEGAL NAME **ELIZABETH TEMIN**
(First, Middle, Last)

| | | | | | | |
|---|--|---|--|---|--|--|
| MEDICAL CERTIFICATE OF DEATH <small>(To be filled in by the Physician)</small> | 2a. New York City 2b. Borough Manhattan | 2c. Type of Place 1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival | 4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input checked="" type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____ | 2d. Any Hospice care in last 30 days 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown | 2e. Name of hospital or other facility (if not facility, street address) 141 Prince street 4th Fl New York, New York 10012 | |
| | 3a. (Month) (Day) (Year-yyyy) February 14 2011 | 3b. Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 01:59 | 4. Sex Female | 5. Date last attended by a Physician mm dd yyyy 02 14 2011 | | |
| 6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate. | | | | | | |
| Name of Physician Leonard Bakalchuk MD Signature <i>Leonard Bakalchuk</i> DO, M.D. Address 1250 Broadway 7th FL, New York, New York 10001 License No. 187449 Date FEB-14-2011 | | | | | | |
| PERSONAL PARTICULARS <small>(To be filled in by Funeral Director or, in case of City Burial, by Physician)</small> | 7a. Usual Residence State New York | 7b. County New York | 7c. City or Town New York | 7d. Street and Number 14 Jay Street | Apt. No. #8 ZIP Code 10013 | |
| | 8. Date of Birth (Month) (Day) (Year-yyyy) December 12 1944 | 9. Age at last birthday (years) 66 | 10. Social Security No. 069-48-5870 | | 7e. Inside City Limits? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No | |
| | 11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") Artist | | 11b. Kind of business or industry Self | | 12. Aliases or AKAs Elisabeth Temin | |
| | 13. Birthplace (City & State or Foreign Country) Algeria | | 14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less; none 2 <input type="checkbox"/> 9th - 12th grade; no diploma 3 <input checked="" type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) | | | |
| | 15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No | | 16. Marital/Partnership Status at time of death 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input checked="" type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify _____ 8 <input type="checkbox"/> Unknown | | 17. Surviving Spouse/Partner's Name (If wife, name prior to first marriage) (First, Middle, Last) *** ** | |
| | 18. Father's Name (First, Middle, Last) Pierre Rosello | | 19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) Isabel Tuso | | | |
| 20a. Informant's Name Claire Bird | | 20b. Relationship to Decedent Daughter | | 20c. Address (Street and Number Apt. No. City & State ZIP Code) 8483 Crescent Drive, Los Angeles, California 90046 | | |
| 21a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input checked="" type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify _____ | | | | 21b. Place of Disposition (Name of cemetery, crematory, other place) Rosehill Crematory | | |
| 21c. Location of Disposition (City & State or Foreign Country) Linden, New Jersey | | | | 21d. Date of Disposition mm dd yyyy 02 16 2011 | | |
| 22a. Funeral Establishment Crestwood Memorial Chapel, Inc. | | | | 22b. Address (Street and Number City & State ZIP Code) 199 Bleecker Street, New York, New York 10012 | | |

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

September 20, 2023

Gretchen Van Wye
Gretchen Van Wye, PhD, City Registrar



1340000621394

THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CONFIDENTIAL MEDICAL REPORT

Certificate No. 156-11-007139

| | | | |
|---|---|---|---|
| To be filled in by FUNERAL DIRECTOR or, in case of City Burial, by Physician | | | |
| 23. Ancestry (Check one box and specify) <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.) Specify _____ <input checked="" type="checkbox"/> NOT Hispanic (Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.) Specify <u>Algerian</u> | | 24. Race as defined by the U.S. Census (Check one or more to indicate what the decedent considered himself or herself to be) 01 <input checked="" type="checkbox"/> White 02 <input type="checkbox"/> Black or African American 03 <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) _____ 04 <input type="checkbox"/> Asian Indian 05 <input type="checkbox"/> Chinese 06 <input type="checkbox"/> Filipino 07 <input type="checkbox"/> Japanese 08 <input type="checkbox"/> Korean 09 <input type="checkbox"/> Vietnamese 10 <input type="checkbox"/> Other Asian—Specify _____ 11 <input type="checkbox"/> Native Hawaiian 12 <input type="checkbox"/> Guamanian or Chamorro 13 <input type="checkbox"/> Samoan 14 <input type="checkbox"/> Other Pacific Islander—Specify _____ 15 <input type="checkbox"/> Other—Specify _____ | |
| | | ELIZABETH TEMIN DECEDENT'S LEGAL NAME (Type or Print) | |
| 25. CAUSE OF DEATH – List only one cause on each line. DO NOT ABBREVIATE. | | | |
| PART I | a. IMMEDIATE CAUSE End Stage Malignant Neoplasm Of Peritoneum | | APPROXIMATE INTERVAL: ONSET TO DEATH unknown |
| | b. DUE TO OR AS A CONSEQUENCE OF | | |
| | c. DUE TO OR AS A CONSEQUENCE OF | | |
| | d. DUE TO OR AS A CONSEQUENCE OF | | |
| PART II | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given in Part I. Include operation information. | | |
| 26a. Was an autopsy performed? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No | 27a. If Female 1 <input checked="" type="checkbox"/> Not pregnant within 1 year of death 2 <input type="checkbox"/> Pregnant at time of death 3 <input type="checkbox"/> Not pregnant at death, but pregnant within 42 days of death 4 <input type="checkbox"/> Not pregnant at death, but pregnant 43 days to 1 year before death 5 <input type="checkbox"/> Unknown if pregnant within 1 year of death | 27b. If pregnant within one year of death, outcome of pregnancy 1 <input type="checkbox"/> Live Birth 2 <input type="checkbox"/> Spontaneous Termination/ Ectopic Pregnancy 3 <input type="checkbox"/> Induced Termination 4 <input type="checkbox"/> None | 27c. Date of Outcome mm dd *** *** *** |
| 26b. Were autopsy findings available to complete the cause of death? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No | | | 28. Was this case referred to OCME? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No |
| 29. Did tobacco use contribute to death? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Probably 4 <input checked="" type="checkbox"/> Unknown | 30. For infant under one year: Name and address of hospital or other place of birth | | |
| I am submitting herewith a confidential report of the cause of death. | | | |
| SIGNATURE <u>Leonard Bakatshuk</u> D.O. M.D. | | ADDRESS <u>1250 Broadway 7th FL, New York, New York 10001</u> LICENSE NO. <u>187449</u> | |

Family Member Affidavits

Anna Meisel

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

.....X

In Re:

**TERRORIST ATTACKS ON
SEPTEMBER 11, 2001**

03-MDL-1570 (GBD)(SN)

X
EVELYN BETSO, et al.,

**AFFIDAVIT OF
ANNA MEISEL**

Plaintiffs.

21-CV-01394 (GBD)(SN)

V.

ISLAMIC REPUBLIC OF IRAN.

Defendant.

[illegible]

STATE OF NEW JERSEY)
 : SS
COUNTY OF MERCER)

ANNA MEISEL, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over 18 years of age, and reside at 8 Hamilton Avenue, Princeton, New Jersey 08542.
2. I am currently 39 years old, having been born on May 7, 1984.
3. I am the daughter of Decedent, Elisabeth Temin, upon whose death my claim is based, and submit this Affidavit in connection with the present motion for a default judgment and in support of my solatium claim.
4. My mother passed away from ovarian cancer on February 14, 2011, at the age of 66 years old. It was medically determined that this illness was causally connected to her exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

5. Elisabeth Temin was my mother. She was a photographer, sculptor, painter, and a mother of two daughters. My parents were first-generation Americans, so my sister and I had absolutely no family in the US growing up. It was just the four of us, and we were very close. Around the same time my sister left for college, my father and mother divorced. It was just my mom and I left at home, and we developed an unparalleled closeness, intensified by the fact that I was homeschooled, essentially turning my mother into my teacher, guardian, and closest friend. Although Elisabeth was French, with a very thick French accent, she was a true New Yorker. Having purchased a loft in Tribeca in the 70's, decades before Tribeca was what it is today, she absolutely loved New York City. Some of my fondest memories include our time spent discovering all of New York's secrets. We enjoyed independent films at Sunshine Cinema, long walks in Battery Park City with our Jack Russell Sylvain, free concerts at the Juilliard School and St Paul's Church. One memory that has remained significantly in my mind is, coincidentally, from 9/11 itself. After the second plane hit the building, which we watched happen from our rooftop on Jay Street, we decided to head out, not knowing if there were more planes coming from any direction. I literally thought it was the end of the world and was having a major panic attack. As we were walking uptown, I could see how cool and calm my mom was remaining, and I kept asking her if she was scared. She said she wasn't. She said that growing up in Algeria during the war, she lived every day like this one; the end could come at any moment, and it was important to have faith and believe in your destiny.

6. On 9/11, my mother and I were cleaning the kitchen in our loft on Jay Street when a giant shadow appeared over the skylight, followed by an incredibly loud sound. We ran to the roof to see what happened, and that's when we saw the plane sticking out of the building. We

thought it was a plane crash, and we were thinking about heading down to the area to help in any way we could. Roughly 25 minutes later, the second plane hit, and we knew it was a terrorist attack. We walked uptown and stayed with friends for three days, then headed back to our loft where we remained. I still remember the smell of burnt wreckage and the dust that didn't settle for weeks surrounding us.

7. I remember at the start of 2010; my mom joined a gym and was doing Pilates four times a week. By the end of 2010, she had started complaining that she wasn't able to do sit-ups the way she had at the beginning of the year, and she had also noticed a bulge in her belly area that wouldn't go away. I remember telling her that she had probably just gained some weight and that at her age it was normal to not be able to do so many sit-ups. I realized later that those were the first symptoms of her illness. The cancer was discovered in November of 2010 in her ovaries. Assuming she had ovarian cancer, they started immediate treatment consisting of exploratory surgery and chemotherapy, which made her horribly sick. She lost so much weight and became so weak so quickly. The treatment wasn't working, and it was discovered that they had been treating the wrong cancer. She, in fact, had peritoneal mesothelioma that had spread to her ovaries. Given the rarity of this cancer, the doctors hadn't considered it as a possibility. There was no cure, no treatment, no hope for her; she died three months later.

8. I was 27 when my mom died. She died in my apartment while in hospice care. The crippling pain she felt, followed by her death rattle, still haunts me to this day. I barely had time to say goodbye. She was taken from me and my sister so abruptly that there isn't a day that passes where I don't mourn her. I went on to have five children who never got to meet their grandmother. I had to conquer all the difficulties that come with parenting without her help or guidance. I've been in therapy for over 12 years to help me with anxiety and depression that is almost certainly due to

having lost her so suddenly and painfully, as well as the constant fear that I will be next. The fear that the same fumes and debris that killed her will also kill me. I am constantly asking doctors for reassurance; I constantly wonder if I should be getting scans to see if I too have mesothelioma. Every time my lungs hurt from a cold, every time I feel pain in my chest or am out of breath, I wonder if I too am going to die, if I too am going to leave my children without a mother.

Anna Rosella Meisel

ANNA MEISEL

Sworn before me this

____ day of _____, 2023

Notary public

See Attachment

Ari Meisel

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

_____ X

In Re:

TERRORIST ATTACKS ON
SEPTEMBER 11, 2001

03-MDL-1570 (GBD)(SN)

_____ X
EVELYN BETSO, et al.,

**AFFIDAVIT OF
ARI MEISEL**

Plaintiffs,

21-CV-01394 (GBD)(SN)

v.

ISLAMIC REPUBLIC OF IRAN,

Defendant.

----- X

STATE OF NEW JERSEY)
 : SS
COUNTY OF MERCER)

ARI MEISEL, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over 18 years of age, and reside at 8 Hamilton Avenue, Princeton, New Jersey 08542.

2. I am currently 40 years old, having been born on September 23, 1982.

3. I am the son-in-law of Decedent, Elisabeth Temin, upon whose death my claims are based. I submit this Affidavit in support of the present motion for a default money judgment for the claim made on behalf of my mother-in-law's estate. On March 1, 2011, I was issued Letters Testamentary as Executor of my mother-in-law's estate by the New York County Surrogate's Court.

4. My mother-in-law passed away from ovarian cancer on February 14, 2011, at the age of 66. It was medically determined that this illness was causally connected to her exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

5. Elisabeth Tomlin was my mother-in-law. We met when I was 21 years old, and I had started dating her daughter Anna. We became very close, very quickly and developed a relationship that in many ways was stronger than I ever had with my own mother. I would spend hours with her in her loft, working on projects around the house, talking about life, and drinking coffee together. She was such an incredible force in my life and a constant guide that I sorely miss. I met her in 2005 and thus was aware of her activities prior to that.

6. I met Elisabeth in 2005 and thus was not aware of her activities prior to that.

7. Elisabeth knew she was sick with cancer before she ever went to the doctor. I was the first person she told. She asked me to come over and when I asked if everything was all right, she said to please just come over. That's when she told me flat out that she was sick with something bad. She had been exhausted for weeks, and as someone who was always on her feet, always building something or making something, this was odd. We got her an appointment with a doctor who confirmed that something was up and that she would need further testing and treatment. She saw Dr. Samuel Waxman, a world-renowned oncologist who confirmed her diagnosis and started treatment. I went with her to all her treatments and watched this hurricane of a woman, become a shadow of her former self. She had so much dignity that she refused to act sick, despite not having the strength to care for herself in even the most basic ways. When it became clear that the treatments weren't working, we entered hospice care and moved her into our home with my wife and I. As an EMT, hospice services allowed me to perform many of her care measures, changing out her fentanyl patches and even draining the ascites in her abdomen that had this frail, 80-pound woman looking like she was 9 months pregnant and causing indescribable discomfort and pain. She eventually stopped eating entirely and went into a somewhat vegetative state for several days. It was clear that even with the extremely powerful pain medications we were administering, she was still suffering and there was nothing we could do to help her. Eventually, she took her last breath, I had the unenviable task of placing a stethoscope on the chest of my mother-in-law, who I loved dearly, and announcing to my wife and her sister and husband, that Elisabeth was dead. It's something that will likely haunt me for the rest of

my life.

8. My wife and I had been trying to get pregnant before her mother passed away so at the very least, she might see Anna with a child. We were unsuccessful until almost exactly two months after Elisabeth passed. It was an incredibly bittersweet moment for my wife particularly, knowing that she would be embarking on this incredible journey to become a mother, without having a mother in life to guide her. It nearly broke our marriage, and I still don't believe my wife has ever truly been able to process the grief of having someone so loved, be taken from us before her time.

Ari R Meisel

ARI MEISEL

Sworn before me this

____ day of _____, 2023

Notary public

See Attachment

Claire Temin-Bird

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

----- X

In Re:

TERRORIST ATTACKS ON
SEPTEMBER 11, 2001

03-MDL-1570 (GBD)(SN)

----- X
EVELYN BETSO, et al.,

**AFFIDAVIT OF
CLAIRE TEMIN BIRD**

Plaintiffs,

21-CV-01394 (GBD)(SN)

V.

ISLAMIC REPUBLIC OF IRAN,

Defendant.

----- X

STATE OF NEW JERSEY)
 : SS
COUNTY OF MERCER)

CLAIRE TEMIN BIRD, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over 18 years of age, and reside at 5 Harriet Drive, Princeton, New Jersey 08540.

2. I am currently 42 years old, having been born on September 7, 1980.

3. I am the daughter of Decedent, Elisabeth Temin, upon whose death my claim is based, and submit this Affidavit in connection with the present motion for a default judgment and in support of my solatium claim.

4. My mother passed away from ovarian cancer on February 14, 2011, at the age of 66 years old. It was medically determined that this illness was causally connected to her exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

5. Our mother was an artist, and when she discovered Tribeca in the early 80's she fell in love with the creative community and vibrancy of the neighborhood. Borrowing money from friends and selling what assets they could, our parents bought their loft in a converted pistachio factory on Jay Street in 1983. This loft would become very special to our mother. It was the source of so much inspiration and creativity. She loved that apartment almost as if it were a living thing. My sister and I would come home from school, and she would have moved all the furniture around, with the dining room in the bedroom and the bedroom in the living room. Just for fun. Just to see how we would react. On the afternoons where she hadn't moved the furniture around, we would come home and our mother would be hiding in some little nook somewhere, making us look for her until we were squealing with excitement, knowing that at any moment she would pop out of her hiding spot and say, "Boo!" The irony hasn't been lost on us that this loft which brought our mother — and us kids — so much joy, would ultimately cause her death by being located only a few blocks north of Ground Zero. She didn't leave her home after 9/11. It was where she lived, where she worked, where she breathed.

6. My mom and my sister were at home, and I remember them telling me they were on the roof when they saw the plane fly into the south tower. They realized it was a terrorist attack and left their building with my father and walked all the way to me. I was working in the Chrysler building at the time and lived uptown. They lived with me for a few days before returning home downtown.

7. Our mother had just turned 66 years old when she died. I was pregnant with my first child when she was diagnosed with cancer, and within seven months she was gone, having barely had a chance to meet her first grandchild. My sister was 26, just starting to figure life out. I

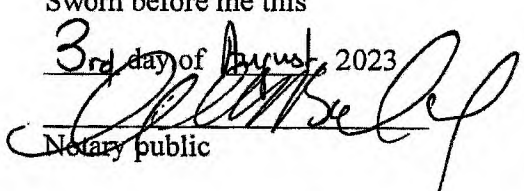
was 30, a new mom, taking care of a newborn while watching our mother die an absurdly painful death where even fentanyl patches couldn't ease her suffering. Fentanyl patches which we were warned could kill our infant son if he so much as touched the wrapper they came in.

8. Like all mothers of course, our mother was special to us, except that our mother really was special, a truly exceptional human being. She was playful, fiercely loving, a little bit crazy, completely devoted to us, and intent on making our childhood as creative and happy as possible. And our children, her seven grandchildren, never got to know her. My sister and I have had to navigate motherhood from the beginning without a guide, without someone to assuage our parenting fears, to tell us not to worry, that we were just the same when we were little and look at us now! Losing her twelve years ago was devastating. Years of work trying to conquer our anger and frustration at the unfairness of it all has brought my sister and I a modicum of peace. But we still live with the memory of the horrors of cancer and what it does to your body, to your brain: the disfigurement, the unmanageable pain, and worst of all, the fear of your family having to witness your suffering, knowing there's nothing anybody can do. It's a trauma that we will likely never recover from completely.


 CLAIRE TEMIN BIRD

Sworn before me this

3rd day of August, 2023


 Notary public

IVAN M BALEV
 Commission # 2273810
 Notary Public, State of New Jersey
 My Commission Expires
 April 03, 2026